Application or Docket Number

Effective December 8, 2004									10/578559			
		CLAIMS	D - PART I				SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
U.S. NATIONAL STAGE FEES							F	RATE	FEE		RATE	FEE
BASIC FEE							BASI	C FEE		OR	BASIC FEE	300
EXAMINATION FEE							EXAN	I. FEE			EXAM. FEE	260
SEARCH FEE							SEAF	CH FEE			SEARCH FEE	400
FEE FOR EXTRA SPEC. PGS.				minus 100 =		/ 50 =		125 =			X \$ 250 =	
TOTAL CHARGEABLE CLAIMS			8	minus 20 =	*		X	\$ 25 =		OR	X \$ 50 =	
INDEPENDENT CLAIMS			2	minus 3 =	*		X \$	100 =		OR	X \$ 200 =	·
MUL	TIPLE DEPEN	DENT CLAIM PR	ESENT				+ \$	180 =		OR	+ \$ 360 =	
* If the difference in column 1 is less than zero, enter "0" in column 2							· T	OTAL		OR	TOTAL	900
·		CLAIMS AS (Column 1) CLAIMS REMAINING	AMEND	(Colur HIGH NUM	nn 2) EST BER	·· (Column 3) PRESENT		MALL E	ADDI-	OR	·	ADDI-
AMENDMENT A		AFTER AMENDMENT		PREVIO PAID		EXTRA		ATE	TIONAL FEE		RATE	TIONAL FEE
	Total	* .	Minus	**	·	=	X	25 =		OR	X \$ 50 =	
	Independent	*	Minus	***		=	X \$	100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAI				CLAIM		+ \$	180 =		OR	+ \$ 360 =	
								L ADDIT. FFF		OR	TOTAL ADDIT. FFF	
		(Column 1)		(Colur	nn 2)	(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	EST BER DUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X	5 25 =		OR	X \$ 50 =	
	Independent	*	Minus	***		=	X \$	100 =		OR	X \$ 200 =	
ا	FIRST PRESENTATION OF MULTIPLE DEPENDENT C				CLAIM		+ \$	180 =		OR	+ \$ 360 =	
								L ADDIT.		OR	TOTAL ADDIT.	
		-								•		
	If the optorior cale	ıman 4 le lees 11				•						į

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.